### FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number: 3235-0076						
Expires: August 31, 1998						
Estimated average burden						
hours per response16.00						
SEC USE ONLY						
Prefix	Serial					

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indic	cate change.)						
Series F Preferred Financing							
Filing Under (Check box(es) that apply): Rule 504 Rule 505	Rule 506  Section 4(6)  ULOE						
Type of Filing: New Filing Amendment	- A nond						
A. BASIC IDENTIFICATION D	DATA C QC 0 3 2003						
Enter the information requested about the issuer	i.						
Name of Issuer ( check if this is an amendment and name has changed, and indicate the changed of	cate change.)						
There	(00)						
Address of Executive Offices: (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
165 Jefferson Drive, Menlo Park, CA 94025	(650) 433-4000						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
(if different from Executive Offices)							
Brief Description of Business Software development							
Type of Business Organization	other (please specify): $\sqrt{001 10 2003}$						
☐ corporation ☐ limited partnership, already formed	other (please specify): \( \int \text{UL} \text{1 U 2003}						
☐ business trust ☐ limited partnership, to be formed	THOMSON						
Month Year	FINANCIAL						
Actual or Estimated Date of Incorporation or Organization: 0 3 9 8	☐ Actual ☐ Estimated						
furisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdic	1 - 1 - 1						

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee:

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A TOTAL OF THE RESIDENCE	The state of the s	CHEST COLUMN COMPANY CONTRACTOR COLUMN COLUM		## - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			
2. Enter the information req			TIFICATION DATA				
<ul> <li>Each promoter of the</li> </ul>	issuer, if the issuer	has been organized within	the past five years;				
<ul> <li>Each beneficial owner issuer;</li> </ul>	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.						
·	r and director of co	prograte issuers and of corr	orate general and managin	g partners of partn	ership issuers: and		
Each general and man		=		8 harmons on barrer			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or		
Check Box(es) that Apply.		Z Beneficial Owner	Ed Excedite Officer	Director	Managing Partner		
Full Name (Last name first, in Melcher, Thomas							
Business or Residence Addre		nd Street, City, State, Zip onlo Park, CA 94025	Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Director	General and/or Managing Partner		
Full Name (Last name first, in Harvey, Will	f individual)						
Business or Residence Addre c/o There 165 Jef		nd Street, City, State, Zip ( alo Park, CA 94025	Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner		☐ Director	General and/or Managing Partner		
Full Name (Last name first, in <b>Duda, Ken</b>	·						
Business or Residence Addre c/o There 165 Jeff		nd Street, City, State, Zip (lo Park, CA 94025	Code)		·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if Best, David	f individual)						
Business or Residence Addre Beau Val Farm, R		nd Street, City, State, Zip ( , VA 22947	Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first, it White, James	f individual)						
Business or Residence Addre	,	nd Street, City, State, Zip O	Code)	<del> </del>			
755 Page Mill Roa			[] F 6 Off	<b>№</b>			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if Marineau, Philip	(individual)						
Business or Residence Addre	•	nd Street, City, State, Zip C Francisco, CA 94111	Code)	<del></del>	<del> </del>		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, it Wilson, Michael	findividual)				<i>g</i> g		
Business or Residence Addre 24325 Glenwood I		nd Street, City, State, Zip C	Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if Zelesko, Matthew	findividual)	<del></del>			ividing i detter		
Business or Residence Addre 828 Santa Rita Av		nd Street, City, State, Zip C	Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if		TEES under Declaration	of Trust dtd 7/21/04		ivianiaging Fathici		
Business or Residence Addre		nd Street, City, State, Zip C					
429 Roehampton F	Road, Hillsborough	ı, CA 94010					
(use blank sheet, or copy and	use additional copi	es of this sheet, as necessar	ry)				

SEC 1972 (1/94)

	A. BASIC IDEN	TIFICATION DATA		
2. Enter the information requested for the following:				
• Each promoter of the issuer, if the issuer has be	-			
<ul> <li>Each beneficial owner having the power to vo issuer;</li> </ul>	te or dispose, or dire	ect the vote or disposition of	of, 10% or more of	a class of equity securities of the
<ul> <li>Each executive officer and director of corporat</li> </ul>	e issuers and of corp	orate general and managing	g partners of partne	ership issuers; and
<ul> <li>Each general and managing partner of partners</li> </ul>	hip issuers.			
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Leak, Bruce				
Business or Residence Address (Number and Street 4201 Page Mill Road, Los Altos, CA 9402)	eet, City, State, Zip (	Code)		
	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Bonnie, Shelby	-			
Business or Residence Address (Number and Street G32 El Camino Del Mar, San Francisco, C	eet, City, State, Zip (	Code)		
	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		- 4 10/22/07		
Business or Residence Address (Number and Str	eet, City, State, Zip (			
1046 Harker Avenue, Palo Alto, CA 94301			1	
	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)  The Best Family Trust, UTD dated 10/23/9	01. David Rest and l	Kathy Rest. Trustees		
	eet, City, State, Zip C			
Beau Val Farm, Route 640, Keswick, VA 2				
	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Black Diamond Capital – There Trust				
	eet, City, State, Zip C	Code)		
	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Immersion Corporation				
	eet, City, State, Zip C	Code)		-
	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Sutter Hill Ventures, A California Limited	Liability Partners	nip		
	et, City, State, Zip C			
	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) The 2000 Michael Wilson Trust created M	arch 3, 2000			
	et, City, State, Zip C	Code)		
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Chichen Itza Ventures, LLC				
Business or Residence Address (Number and Stre c/o Groom & Cave, 1570 The Alameda, Su	et, City, State, Zip Cite 100, San Jose, C			

SEC 1972 (1/94)

1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes No □ ⊠					
	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?													
2.	What is	the mini	mum invest	ment that w	ill be accep	ted from any	y individual'	?		***************************************	••••••		\$ <u>N/A</u>	
		_	-		-								Yes	No
4.											, any commi rson to be lis			
											name of the b			
	dealer.	If more th		persons to							forth the info			
Full	Name (	Last name	first, if inc	lividual)										
Bus	iness or	Residence	Address (l	Number and	Street, City	, State, Zip	Code)	<del></del>			· · · · · · · · · · · · · · · · · · ·			
Nan	ne of Ass	sociated B	Broker or De	ealer			<del> </del>							
			4											
Stat	es in Wh	nich Perso	n Listed Ha	s Solicited	or Intends to	o Solicit Pu	rchasers							
((	Check "A	All States"	or check in	ndividual St	tates)		•••••						All :	States
[ AI	L] [	[ AK]	[ AZ]	[ AR]	[ CA ]	[CO]	[ CT]	[ DE ]	[DC]	[FL]	[GA]	[ HI ]	[ II	)]
	-] [	[ IN ]	[ IA ]	[ KS]	[ KY]	[ LA]	[ ME]	[ MD]	[ MA]	[ MI ]	[ MN]	[ MS]	[ M	0]
[ M.] [ R.]		[NE] [SC]	[ NV ] [ SD ]	[ NH ] [ TN ]	[ NJ ] [ TX ]	[ NM] [ UT ]	[ NY ] [ VT ]	[ NC] [ VA]	[ ND] [ WA]	[ OH] [ WV]	[ OK ] [ WI ]	[ OR ] [ WY]	[ PA [ PF	-
			first, if ind	<del></del>	[1]	( OI )	[ VI ]	[ VA]	[ 11 [	. [ \( \dag{\psi} \)	[ 141]	[WI]	Į FF	<u> </u>
Bus	iness or	Residence	e Address (1	Number and	l Street, City	, State, Zip	Code)							
Nan	ne of Ass	sociated B	roker or De	ealer								· <u>-</u>		
Stat	es in Wh	ich Perso	n Listed Ha	s Solicited	or Intends to	o Solicit Pur	rchasers		<u>-</u>	· · · · · · · · · · · · · · · · · · ·	<del></del>			-
(0	Check "A	All States"	or check in	ndividual St	ates)	•••••						•••••	☐ All S	States
[ AI	L] [	[AK]	[ AZ]	[ AR]	[ CA ]	[ CO]	[ CT]	[ DE]	[DC]	[ FL]	[ GA]	[ HI ]		)]
		[ IN ]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[ MC	-
[ M		[NE] [SC]	[ NV ] [ SD ]	[ NH] [ TN ]	[ NJ ] [ TX ]	[ NM] [ UT ]	[ NY ] [ VT ]	[ NC ] [ VA ]	[ ND] [ WA]	[ OH ] [ WV]	[OK] [WI]	[ OR ] [ WY]	[ PA [ PR	-
			first, if ind		[			1 1123	[	1		[ 4]		-1
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
State	es in Wh	ich Perso	n Listed Ha	s Solicited	or Intends to	Solicit Pur	chasers						<del></del>	
(Check "All States" or check individual States)														
[ AL		AK]	[ AZ]	[AR]	[ CA ]	[ CO]	[ CT]	[DE]	[DC]	[ FL]	[GA]	[ HI ]	[ ID	]
		IN]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[ MC	
[ M		NE]	[ NV ] [ SD ]	[ NH ] [ TN ]	[ NJ ] [ TX ]	[ NM] [ UT]	[ NY ] [ VT ]	[NC] [VA]	[ ND] [ WA]	[ OH] [ WV]	[ OK ] [ WI ]	[ OR ] [ WY]	[ PA [ PR	

B. INFORMATION ABOUT OFFERING

SEC 1972 (1/94)

#### 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \quad \text{and} indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ..... Equity..... \$ 16,635,999.00 \$ 16,635,999.00 Common □ Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify \_\_\_ \$ 16,635,999.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 36 \$ 16,635,999.00 Non-accredited Investors.... 0 Total (for filings under Rule 504 only). N/A Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 ..... N/A N/A Regulation A N/A N/A Rule 504 ..... N/A N/A N/A Total ...... N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.... Printing and Engraving Costs.... Legal Fees ..... Accounting Fees Engineering Fees -0-Sales Commissions (specify finders' fees separately)..... -0-

Other Expenses (identify)

Total .....

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

-0-

54,650.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds \$ 16,581,349.00 to the user." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors and Payments to Affiliates Others Salaries and fees -0-□ \$\_\_\_\_-0-□ \$ -0-Purchase of real estate -0-□ \$ -0-Purchase, rental or leasing and installation of machinery and equipment ..... Construction or leasing of plant buildings and facilities ...... -0-Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer □ \$\_\_\_\_-0pursuant to a merger)..... Repayment of indebtedness □ \$ \_\_\_ -0--0-Working capital ☑ \$16,581,349.00 Other (specify):

☑ \$ 16,581,349.00

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
There	18m hr	September 2, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Thomas A. Melcher	President and Chief Executive Officer	

#### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)